COUNTY MEDICAL SERVICES PROGRAM
2180 Johnson Avenue
San Luis Obispo, CA 93401-4535
Monday through Friday, 8:00 A.M. to 5:00 P.M.

PROVIDER GUIDELINES

Thank you for participating as a County Medical Services Program (CMSP) provider. The following information is presented to summarize policies and procedures relevant to your role as a CMSP provider. Providers include hospitals, surgery centers, physician specialists, non-physician specialists, radiology centers, diagnostic centers, oral surgeons and CHC dentists. Additional information regarding hospital services is also available in the contracts the County has with each hospital.

ACCOUNTING & BILLING
Phone 781-4926
FAX 781-1266

ELIGIBILITY
Phone 781-4838
FAX 781-1107

PRIOR AUTHORIZATION & UTILIZATION REVIEW
Phone 781-4815
FAX 788-2922

THE PURPOSE OF CMSP

The purpose of CMSP is to fund medical care for the medically indigent adult population in San Luis Obispo County (Welfare & Institutions Code Section 17000). CMSP operates under the Health Care Services Division of the Public Health Department and is part of the San Luis Obispo County Health Agency. The CMSP office administers the program, makes eligibility determinations, authorizes medical services, and provides claims processing for all CMSP patients and providers.

CMSP only authorizes services that are deemed medically necessary and fall within the CMSP scope of covered services. In general, the condition, if untreated, must threaten the patient's physical health and/or preclude the reasonable probability of return to employment and/or daily functioning. The CMSP Utilization Review nurse (UR) and/or the County Health Officer/Medical Director review requests for treatment and decisions are based upon standard medical criteria.

Primary medical care for eligible CMSP patients is provided by the Community Health Centers of the Central Coast (CHC). CHC has fourteen (14) sites throughout the County that provide primary care to CMSP patients. CMSP patients must use the CHC pharmacy in SLO to get prescriptions filled. CHC's x-ray facilities and the laboratory are also located in SLO next door to the CHC SLO clinic. Services for CMSP patients beyond those just described, except for emergency services, must receive prior approval from CMSP.

PAYER OF LAST RESORT

CMSP must always be the payer of last resort. This means that applicants and providers will be asked to contact other sources for covered health care services before CMSP will determine eligibility. Other sources of covered health care include: Veterans Administration, Medi-Cal, SSDI, Every Woman Counts (Breast/Cervical Cancer Early Detection and Treatment Program), Family PACT, Workers' Compensation, and private insurance.

BECOMING A CMSP PROVIDER

A physician provider must have a valid California medical license, a National Provider Identification Number (NPI), and must agree to accept payment at prevailing CMSP rates. Non-physician providers who provide mid-level or ancillary medical care may also apply. To become a CMSP provider, or if you are an existing provider and have made changes in your medical practice/group, please contact the CMSP Accounting Unit at 781-4926 to request a Provider Information Form (PIF) and a W-9, or to notify CMSP of any changes in information on file. See appendix for examples of applicable forms.

PATIENT ELIGIBILITY CRITERIA

Patient applicants must be:

- between the ages of 21 and 64
- not a recipient of disability benefits and not eligible for Medi-Cal or SSI benefits
- not pregnant
- a legal U.S. citizen or permanent U.S. resident
- residing in the County for at least 15 days
- seeking care for a current medical need
- within income and asset requirements
- willing to receive primary medical care at Community Health Centers, including follow-up care after going to a hospital emergency room.

Applicants must apply in person at the CMSP Office at 2180 Johnson Avenue, San Luis Obispo, Monday through Friday from 8:00 A.M. and 5:00 P.M. Office closed for lunch 12:30 to 1:30 P.M.

SHARE OF COST (SOC)

Depending on their financial situation, some patients who qualify for CMSP may be required to pay a certain portion of their medical bills. This co-pay is called Share of Cost (SOC) and is based on the patient's income. If a patient has a SOC, providers will be informed of this when calling for prior service authorization. If the patient is pending Medi-Cal, SOC determination cannot be made until the application process is complete. The SOC is deducted from bills received by CMSP until a patient's SOC is met for the eligibility period.

If providers collect SOC at the time of service, or place the patient on a payment plan, they should verify the amount with the CMSP Accounting Department before collecting from the patient because the SOC amount may have already been deducted from previous bills. It is also important to note that the amount collected must be based on the CMSP allowable rate – not on total charges. Any excess collected will have to be refunded to the patient. If you have questions, please call the CMSP Accounting Department at 781-4926.

CMSP patients receive the following instructions: "You must pay, or arrange to pay, the charges for services rendered up to the amount of your SOC. The medical provider should collect your payment and document what you paid on the lower portion of the SOC form. If the provider allows you to make payments, they also indicate the payment arrangement on this form. You must bring this form and any receipts back to CMSP. You are not required to pay for an emergency room (ER) visit until CMSP determines if it was a valid ER visit."

As a courtesy to the medically indigent CMSP patients, please do not cancel services when a CMSP patient cannot initially pay their entire SOC but instead consider accepting a payment plan.

AUTHORIZATION FOR CARE

Before providing service to a patient, please be sure that you have an authorization number from CMSP Utilization Review (UR). Prior authorization is not required for primary medical care provided at CHC clinics or for necessary emergency room visits and emergency ambulance services. Inpatient stays may be authorized if they are connected to an emergency room visit or have received prior approval. Referrals to specialty care by a CHC clinician must receive prior CHC and CMSP approval. Additional visits after the initial consultation with the same specialist, must also receive prior approval.

Authorization numbers are issued by the CMSP UR nurses and will include one of the following prefixes:

"A" Prefix: **Approved** - If a patient is CMSP approved and has no share of cost (SOC), the provider will be paid at prevailing CMSP rates. Physician specialists within San Luis Obispo County are typically paid at Medicare rates. In the absence of a written contract, CMSP rates for most other providers currently are equal to MediCal rates, but are subject to change.

"S" Prefix: **SOC, Approved** - If a patient is CMSP approved and has a SOC, the provider will be paid at CMSP rates less the unmet SOC. The CMSP Accounting Unit will notify providers if they should collect a SOC from the patient and how much to collect. If prior SOC arrangements have been made between the provider and the patient, please contact CMSP to eliminate the need for adjustments or refunds.

"P" Prefix: **Pending CMSP** - A pending authorization number is issued for patients who have not completed the CMSP application process. Until the CMSP application is approved, medical care bills are the patient's responsibility. If the patient becomes CMSP approved, bills will be paid as in the "approved" or “SOC approved" categories above, provided all other billing criteria are met. When a “pending CMSP” authorization is issued, it is unknown at the time whether or not the patient will have a SOC. SOC can not be determined for people while they are pending CMSP.

"M" Prefix: **CMSP-Qualified Pending Medi-Cal** - If the patient is pending Medi-Cal, and has requested that CMSP provide back up should MediCal be denied, the provider will receive a "CMSP-Qualified" authorization number. It is important that providers get authorization for medical services while the MediCal determination is being made since services not authorized will not be paid if the patient is denied MediCal and becomes CMSP eligible. SOC can not be determined for people while they are MediCal pending. Providers should continue to bill CMSP within the 120 day timely filing even if MediCal eligibility is still pending at that time.

"L" Prefix: **Lien/Litigation** - If a patient is CMSP approved but has medical bills that might be paid by a third party payer (automobile insurance, homeowner’s insurance, worker’s compensation, etc.), a “lien/litigation” authorization number will be issued. CMSP payment will be delayed until there is a decision from the third party payer. During this pending process an Explanation of Benefits information sheet will be sent to providers with the name of the third party payer if providers want to contact them. If the third party determines it is not responsible for the bills, payment will be the same as in the "approved" case if the provider

obtained CMSP authorization and have billed accordingly.

"C" Prefix: **Lien, SOC** - This code is used if a patient is CMSP approved with a possible third party payer and has a SOC. Other lien/litigation reimbursement details are in the paragraph above. (See Share of Cost section for further details.)

“N” Prefix Specialty referral made by a CHC Primary Care provider

“V” Prefix Specialty referral made by a CHC Primary Care Provider for a patient with a SOC.

COVERED SERVICES

The scope of services approximates, but is not identical to, those covered by MediCal. **Elective, non-medically necessary, procedures are not covered.** Because program funding is limited, CMSP reserves the right to modify covered services at any time.

Share of Cost is not applied to these services:

Outpatient Services: The following services are covered at any of the CHC facilities and do not require approval in advance or SOC:

- Primary care physician and clinician services
- Laboratory tests
- Limited radiology, including x-rays and ultrasounds
- ECGs

Pharmacy: CMSP clients that are established with a CHC clinic can receive a 30-day supply of medications at the CHC pharmacy with no co-pay. Patients who are CMSP/Medi-Cal pending or have a SOC will be asked for a co-pay of $25.00 for brand name and $10.00 for generic medications The co-pay will be refunded when Medi-Cal is approved if the patient has receipts for the payments.

Share of Cost is applied to these services:

Imaging-diagnostic: Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI) may be authorized after review by the CMSP UR nurse and/or the Medical Director using InterQual guidelines.

Physical Therapy: Up to ten sessions following acute injury or surgery with prior CMSP approval.

Eye Care: Treatment of cataracts, glaucoma, diabetic retinopathy, and trauma to the eyes. Annual eye screening for diabetics may be covered with prior CMSP approval.

Dental: Treatment of abscesses and extractions at CHC dental sites.

Ambulance: Emergency ambulance service throughout SLO County when invoices are submitted within 30 days of the service. Non-emergency ambulance transport will be evaluated on a case-by-case basis and requires prior authorization.

Hospital Inpatient Services: Inpatient services with CMSP contracted local hospitals are covered. Hospitals must fax daily update notes on each CMSP inpatient to the CMSP UR nurses by 2:00 p.m. each day, weekends/holidays exempt. If a daily update is not received, payment for that day will be denied. When patients no longer require acute care but continue to need skilled nursing care, the CMSP UR nurse may grant “administrative days” until placement in a skilled nursing facility or other facility is available. Administrative days are reimbursed at 25% of the contract rate.

Equipment and Supplies: Medical supplies are covered by CMSP when prescribed by a physician, receive prior authorization by a CMSP UR nurse as medically necessary, and are covered by Medi-Cal. Medical equipment, such as orthopedic and pulmonary devices may be covered by CMSP with prior authorization.

Emergency Room Services: CMSP pays contracted hospitals, participating physicians, and other providers for services in hospital emergency rooms (ERs), per hospital contract terms. Prior authorization is not required; however, the ER visit must result from an " emergency medical condition." An emergency medical condition is defined as a medical condition with acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following:

1) Placing the patient's health in serious jeopardy,
2) Serious impairment to bodily functions,
3) Serious dysfunction to any bodily organ or part.

If a patient presents in a hospital ER with a medical condition that could be treated in a doctor's office, the ER visit will be denied. If a patient presents with a medical condition that might seem life threatening (e.g. chest pain, shortness of breath, and injuries with a possible fracture) but turns out not to be, the ER visit may be approved even if the diagnosis is not of an acute nature.

Mental Health: Mental health services are not paid by CMSP. CMSP does cover mental health medications for CMSP patients; they must be prescribed by a County Mental Health or CHC physician, and filled at the CHC pharmacy.

Specialist Referrals: CHC primary care physicians may refer CMSP patients to specialists for medical care but the referral must receive prior authorization by CHC Utilization Management and CMSP Utilization Review. Written documentation to justify the requested referral is required and InterQual guidelines will be used.

SERVICES NOT COVERED

- Acupuncture
- Alcohol and drug withdrawal treatment centers
- Pain management
- Eye glasses, contacts and routine eye exams
- Dental: cleanings, routine exams, dentures, root canals, bridges, fillings & caps.
- Prescriptions filled at a non-CHC pharmacy
- Chiropractic services
- Cosmetic surgery
- Hearing aids
- Podiatry
- Long-term care, skilled nursing facilities

Women's Health Care not covered

- Devices or supplies
- Contraceptive medications
- Screening mammograms and pap smears
- Services for pregnant applicants—these applicants will be referred to Medi-Cal.
- Routine or baseline mammograms are not covered. Upon request from a physician, patients who have a breast mass, abnormal or bloody discharge, dimpling, ulceration, and/or inflammation will be given an authorization for a mammogram, or will be referred to the state-funded cancer detection program.

SPECIALTY CARE

Specialty care is defined as a consultation or follow-up to a CHC primary care visit and requires CHC and CMSP prior approval. The primary care physician making the referral must submit a written request stating in detail what the medical problem is, what tests have been conducted, what treatments have been tried and why the referral is being made. The CMSP UR staff will review the request using InterQual guidelines. Before requests are denied, they are reviewed by the CMSP Medical Director. Approved requests will be returned with an authorization number. To avoid a misunderstanding as to the scope of the services you are requesting and what is authorized, please be specific in your request. **EXCEPT FOR EMERGENCIES, TREATMENT THAT HAS NOT RECEIVED PRIOR AUTHORIZATION WILL NOT BE COVERED BY CMSP.**

You may call the CMSP UR telephone number, 781-4815, 24 hours a day, 7 days a week, to request an authorization number or to leave a message. Please have the patient's social security number, the diagnosis or reason for the requested service, and your CMSP provider information number (PIN) available. CMSP staff will tell you if the patient is approved for CMSP, the date range of the patient's eligibility period, and his/her SOC, if applicable.

Most authorization numbers cover only one office visit. If more than one office visit is needed, you must call CMSP for a new authorization number. If you have provided additional services to a patient that were not included in your original authorization request, those services may be added to the authorization by calling the above number on the same day as the visit. If you call CMSP after business hours, on the weekend, or on a County holiday, your call will be returned on the next business day. An authorization number will be considered requested on the same day that a voicemail message is left. CMSP will review your request to determine medical necessity and clinical appropriateness. If you are in doubt as to whether a service may be covered, you may want to defer providing the service, unless it is an emergency, until you can discuss it with a CMSP UR nurse. CMSP reserves the right to conduct random chart and billing audits and to deny payment for charges that are deemed inappropriate.

BILLING/PAYMENT

Providers may contact the CMSP Accounting Unit at 781-4926, between 8:00 a.m. and 5:00 p.m. on County business days regarding the status of submitted claims or for any billing questions.

The CMSP Accounting Unit makes every effort to streamline claims processing to ensure timely payments and to provide immediate and accurate assistance to all billing inquiries. CMSP prefers either of the two standard claim forms (UB04 or HICF-1500); however, any 8 1/2" x 11" claim form will be accepted as long as all of the following billing criteria are on the claim:

1) Patient name, date of birth, and ID number (usually the patient's social security number).
2) ICD9 code(s), CPT code(s), service and code description(s), and all applicable modifiers. Service and code description(s) may be abbreviated.
3) Date(s) of service, fee per service, units and total billed amount.
4) Authorization number(s). Include all numbers pertaining to the claim. Note: A prior authorization number is not required for a service when the service is performed in a hospital emergency room.
5) Your CMSP provider number. This number goes next to your name (box 1 on the UB and box 33 on the HICF-1500). If you don't know your provider number, please call the Accounting Unit at 781-4926.
6) All claims for emergency room (ER) services, from both hospitals and physicians, must be clearly marked "ER Service" and accompanied by the hospital's ER report. **Claims submitted without the hospital's ER report are delayed until one is obtained from either a physician or the hospital.** This could delay payment an additional 30 days.
7) Claims for inpatient care will be paid if CMSP has received notes for the patient for each day they are an inpatient. **Invoices will not be paid if daily notes are not received.**
8) CMSP reimbursement fees are based on Medi-Cal or Medicare fee schedules for most primary care and specialists. If the CPT code billed is not in the current Medi-Cal or Medicare fee schedule, it will be denied payment. Please ensure that you are billing according to what was authorized and use the appropriate reimbursable CPT code.

Mail all claims to: CMSP
Attn: Accounting Department
2180 Johnson Avenue
San Luis Obispo, CA 93401-4535

Claims must be received within 120 days from the date of service to be considered for payment. After CMSP has paid the allowed amount of the claim, providers may not bill patients for the balance of the bill beyond the SOC that is due to the provider. Exceptions to this would be as follows: 1) a prior contractual arrangement was made between the provider and patient, prior to knowing about CMSP eligibility, 2) an emergency room service was deemed not to be a bona fide emergency, or 3) the service rendered was not a CMSP-covered service.

APPEALS PROCESS

Please appeal in writing to the CMSP Utilization Review Department when a service request for approval is denied because of a difference of opinion regarding medical necessity. The review process includes review by the CMSP Medical Director.

Providers who wish to appeal denial of payment should do so within 30 days from the date that an Explanation of Benefits was sent out. Send the appeal to the Accounting Department. CMSP's goal is to achieve fairness and consistency for everyone. Please send all appeals to:

CMSP
Attn: UR Appeals or Accounting Department Appeals
2180 Johnson Avenue
San Luis Obispo, CA 93401-4535